



Attorney Docket 0553-0323.01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of)
Kurokawa et al.)
Serial No.: 10/643,690)
Filed: August 19, 2003)
For: A Semiconductor Device And An)
Electronic Device)
Art Unit: 2815)
Examiner: Jasmine Jhihan B. Clark)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
the Commissioner for Patents,
P.O. Box 1450, Alexandria, VA 22313-1450 on

September 14, 2004

(Date of Deposit)

Shannon Wallace

Name of Applicant, Assignee, or Registered Rep.

Shannon Wallace 9/14/04

Signature

Date

AMENDMENT A

Sir:

In response to the Office Action dated June 14, 2004, please amend the above-identified application as follows:

BEST AVAILABLE COPY

09/22/2004 PYARBORD 00000001 501039 10643690
01 FC:1201 172.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10L04369D

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	78	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	78 minus 20=	* ✓
INDEPENDENT CLAIMS	4 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

9.17.04 CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 26	Minus	** 28 =
Independent	* 16	Minus	*** 4 = 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

(2nd 26-4=)

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	** =	
Independent	* Minus	*** =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	** =	
Independent	* Minus	*** =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE	OTHER THAN SMALL ENTITY
RATE	FEES
BASIC FEE	375.00
OR X\$ 9=	
OR X42=	
+140=	
TOTAL	OR TOTAL 970

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	ADDITIONAL FEE
X\$ 9=	
OR X42=	
+140=	
TOTAL ADDIT. FEE	OR TOTAL 172

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
OR X42=		X84=	172
+140=		+280=	
TOTAL ADDIT. FEE	OR TOTAL 172		

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
OR X42=		X84=	
+140=		+280=	
TOTAL ADDIT. FEE	OR TOTAL		

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